

City of Leesburg
Occupational License Application

Phone (352) 728-9818, Fax (352) 728-9734

501 W. Meadow St./ P O Box 490630/Leesburg, FL 34749-0630

E-mail: tammyk@ci.leesburg.fl.us

1. NAME OF BUSINESS _____
____ Incorporated ____ Partnership ____ Fictitious Name ____ Sole Proprietor /Person/Landlord
2. BUSINESS ADDRESS _____ BUS. PHONE _____
3. MAILING ADDRESS FOR RENEWALS _____ ZIP _____
4. LICENSEE'S INFORMATION:
- PRINT NAME _____ HOME PHONE _____
- HOME ADDRESS _____ ZIP _____ FEDERAL ID # _____
- DRIVERS LICENSE # _____ DATE OF BIRTH _____ SSN _____
(DD/MM/YYYY)
5. CHECK THE FOLLOWING: ____ HOME OCCUPATION ____ NEW BUSINESS LICENSE ____ LANDLORD
____ TRANSFER OF LOCATION ____ TRANSFER OF OWNERSHIP
6. EXPLAIN TYPE OF OPERATION AT THIS LOCATION: _____

7. ADDITIONAL REQUIREMENTS: STATE LIC # _____ COUNTY LIC # _____
STATE RESTAURANT LIC # _____
8. FILL IN APPLICABLE INFORMATION BELOW:

Merchants/Sales with Inventory: Average inventory
\$ _____ amount
Hotel, Motel, Apts: # of units _____
Restaurants: # of seats _____
Adult Congregate Care-Nursing Home: # of
beds _____
Fuel Station: # of Nozzle/outlets _____

Gasoline Distributors: # of trucks _____
Laundry Service: # of Machines _____
Landlord: # or homes/units _____
Coin operated machines: (# of machines)
____ Juke box ____ Amusement Machines
____ Video games ____ Pool Tables
____ Other

NOTE: This application's approval DOES NOT AUTHORIZE occupancy of the business premises until inspected and DOES NOT AUTHORIZE any alteration work or signage without first obtaining the required permits from the Building Department.

I CERTIFY THE ABOVE INFORMATION IS CORRECT. I HAVE COMPLETED THE REQUESTED INFORMATION ON THE REVERSE SIDE, READ AND UNDERSTAND THE ABOVE NOTE AND RECEIVED THE FICTITIOUS NAME APPLICATION.

APPLICANT SIGNATURE _____ DATE _____

NOTIFY THIS OFFICE IMMEDIATELY IF YOU CHANGE YOUR NAME, ADDRESS, SERVICES, TELEPHONE NUMBERS, OWNERSHIP, ETC.

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REQUIRED SIGNATURES:

_____ ZONING # _____ DATE _____
ZONING INSPECTOR - 214 N. 5th ST - 728-9760

_____ DATE _____
FIRE INSPECTOR - 201 S. CANAL STREET - 728-9780

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THE FOLLOWING INFORMATION IS REQUIRED FOR POLICE AND FIRE DEPARTMENT RECORDS:

NAME OF BUSINESS: _____

STREET ADDRESS: _____

TELEPHONE #: _____ BUSINESS HOURS: _____

OWNERS NAME: _____

ADDRESS: _____ TELEPHONE #: _____

EMERGENCY TELEPHONE NUMBERS TO CALL AFTER HOURS:

1. NAME _____ TELEPHONE # _____

2. NAME _____ TELEPHONE # _____

3. NAME _____ TELEPHONE # _____

OWNER OF BUILDING:

OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE #: (HOME) _____ (WORK) _____

REMARKS: _____

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ALARM SYSTEM: NO _____ YES _____ IF YES, WHAT TYPE: _____

DIRECT _____ TELEPHONE DIALER _____ AUDIBLE _____ OTHER _____

FOR OFFICE USE ONLY

LICENSE CLASSIFICATION _____ LICENSE FEE _____ LICENSE # _____

CONTROL # _____ TRANSFER FROM LICENSE # _____ CONTROL # _____

ISSUER: _____ DATE: _____